MOODY Insurance Group

Susan Just
Life and Health Brokerage
Office: 409-763-3300 ext. 111
E:Brokeragesupport@moodygroup.com

Long-Term Care Quote Request Form

Agent Name: _____

E-mail Address: _____ Client State: _____

Client Name: _____ Tobacco User: ☐ Y ☐ N

Birth date: _____ Sex: _____ Married: ☐ Y ☐ N

Daily or Monthly Benefit Amount $: _____ Height: _____ Weight: ____

Benefit Period:

☐ 3 Year

☐ 4 Year

☐ 5 Year

☐ Other: _____

Additional Optional Riders:

☐ Inflation Protection ☐ 3% ☐ 4% ☐ 5%

☐ Shared

☐ Survivorship

☐ Other Rider: _____

**Please list any medical conditions, date of diagnosis, prescriptions:

_____

_____

Spouse Name: _____ Tobacco User: ☐ Y ☐ N

Birth date: _____ Sex: _____ Married: ☐ Y ☐ N

Daily or Monthly Benefit Amount $: _____ Height: _____ Weight: ____

Benefit Period:

☐ 3 Year

☐ 4 Year

☐ 5 Year

☐ Other: _____

Additional Optional Riders:

☐ Inflation Protection ☐ 3% ☐ 4% ☐ 5%

☐ Shared

☐ Survivorship

☐ Other Rider: _____

**Please list any medical conditions, date of diagnosis, prescriptions:

_____

_____